

AMERICAN HEART ASSOCIATION

Statement

By

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on

FISCAL YEAR 2007 APPROPRIATIONS

**APPROPRIATIONS SUBCOMMITTEE ON LABOR-HHS-EDUCATION
U.S. HOUSE OF REPRESENTATIVES**

The Honorable Ralph Regula
Chairman

March 29, 2006
10:15 a.m.

Summary of Recommendations:

National Institutes of Health --- \$29.8 billion

 National Institutes of Health Heart Research --- \$2.2 billion

 National Institutes of Health Stroke Research --- \$357 million

 National Heart, Lung, and Blood Institute --- \$3.1 billion

 National Institute of Neurological Disorders and Stroke ---\$1.6 billion

Agency for Healthcare Research and Quality --- \$440 million

Centers for Disease Control and Prevention --- \$8.5 billion plus funding for
pandemic influenza preparedness

 Heart Disease and Stroke Prevention Program --- \$55 million

Health Resources and Services Administration

 Rural and Community Access to Emergency Devices Program ---
\$8.9 million

Department of Education

 Physical Education for Progress Act --- \$100 million

<http://www.americanheart.org>

An estimated 71 million American adults suffer from heart disease, stroke, and other forms of cardiovascular disease. Nearly 2,500 Americans die of cardiovascular disease each day – an average of one death every 35 seconds. Heart disease and stroke remain the first and third leading causes of death, respectively, for both men and women in the United States today and more than half of men and nearly 40 percent of women will develop cardiovascular disease during their lifetime. As the baby boom generation ages, the prevalence of cardiovascular disease will increase dramatically, because although this disease can strike at any stage of life – the likelihood increases with age. Deaths from heart disease alone are projected to increase by about 130 percent between 2000 and 2050, according to one report.

Cardiovascular disease also costs Americans an estimated \$403 billion in medical expenses and lost productivity in 2006 – more than any other disease and more than the projected budget deficit for that year. As the population ages, the combination of demographics and high costs will result in a cardiovascular disease crisis with staggering implications for health care costs and quality of care.

Although progress has been made in the treatment of cardiovascular disease, there is no cure. In fact, studies suggest that increased rates of diabetes, obesity and other risk factors may reverse four decades of declining mortality. The most prudent way to address this looming crisis is to simultaneously invest in prevention and in the development of more cost-effective treatments. Regretfully, the funding levels proposed by the President undermine efforts in both of these areas.

When adjusted for biomedical research inflation, the proposed NIH budget for cardiovascular disease research is estimated to be 15 percent lower in 2007 than in FY 2003. Funding levels proposed in the budget for the CDC's Heart Disease and Stroke Prevention Program remain flat at a time when only 14 states receive the resources necessary to implement prevention programs and strategies. In addition, the Rural and Community Access to Emergency Devices Program, administered by the Health Resources and Services Administration, is terminated in the President's budget. This program provides grants to rural areas and communities to purchase and place AEDs in schools, churches, fire stations, and other locations to save the lives of cardiac arrest victims.

Now is the wrong time to reduce our nation's investment in programs that prevent and treat America's leading and most costly cause of death. Solving a problem of this magnitude will require a significant public investment in these fiscally challenging times, but if we fail to take aggressive and deliberate action now - we will pay a terrible cost later – both in terms of health care expenditures and human lives. The following recommendations from the American Heart Association address this problem in a comprehensive but fiscally responsible manner.

Increase Funding for the National Institutes of Health (NIH)

NIH-sponsored research has revolutionized patient care and holds the key to an eventual cure for all forms of cardiovascular disease. Research funded by the NIH also fuels innovation that generates economic growth and preserves our nation's role as a world leader in the biomedical and biotechnology industries. For FY 2006, NIH funding was cut below the previous year's level for the first time in 35 years. The President preserved this cut in his FY 2007 budget and reduced NIH further over the next five years by nearly 20 percent. This five year cut reduces NIH resources in inflation adjusted terms by more than one-third from its peak in FY 2003 - the end of the historical five-year doubling of the NIH budget.

Recommendation: The AHA joins the research and patient advocacy community in recommending an FY 2007 appropriation of \$29.8 billion for the NIH. This level, which represents a 5 percent increase over 2006, covers the increased costs of biomedical research inflation and provides additional resources to investigate emerging research opportunities.

Increase Funding for NIH Heart and Stroke Research

From 1993-2003, death rates from cardiovascular diseases have fallen by 22 percent, death rates from coronary heart disease have declined by 30 percent, and death rates from stroke have fallen by 19 percent. NIH sponsored heart and stroke research has improved health outcomes and in some cases, lowered health care costs. Examples of recent NIH-supported research follow.

Aspirin Prevents Another Type of Stroke — Aspirin is as effective as, and safer than, the blood thinning drug warfarin in preventing intracranial arterial stenosis - which accounts for roughly 10 percent of all strokes. Aspirin is a low cost therapy that does not require the intricate and costly monitoring like the drug warfarin. Researchers estimate that use of aspirin rather than warfarin could cut health care costs by \$20 million each year.

Blood Test To Screen For Stroke Wins FDA Approval — A blood test to screen for heart disease gained approval to predict stroke risk. The test scans the blood for levels of the enzyme lipoprotein-associated phospholipase A2, which are higher in potential stroke victims.

Diuretics Again Initial Therapy for High Blood Pressure — Continuing analyses of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) for diabetics, blacks and non-blacks with high blood pressure confirms, the initial conclusion that diuretics should be the initial high blood pressure treatment instead of newer, more costly drugs.

Antibiotics Do Not Prevent Second Cardiovascular Events — Results of clinical trials have shown that antibiotics are ineffective in preventing second events like heart attack, unstable chest pain and stroke in patients with existing heart disease. This finding was unanticipated.

Slightly Elevated Blood Pressure Triples Heart Attack Risk — Examining data from the Framingham Heart Study, researchers found that the 59 million Americans with prehypertension, blood pressures ranging from 120-139 over 80-89 mm Hg, are three times more likely to suffer a heart attack and nearly twice as likely to experience heart disease than those with normal blood pressure. Scientists estimate that aggressive treatment would prevent 47 percent of heart attacks.

Although cardiovascular disease is the leading cause of death in the United States, the NIH heart and stroke research budget remains disproportionately under-funded compared to the burden of these diseases on society. Cardiovascular disease meets NIH's priority setting criteria (public health needs, scientific quality of research, scientific progress potential, portfolio diversification and adequate infrastructure support), yet only 7 percent of the NIH budget is invested in heart research and a mere 1 percent is dedicated to stroke. Relative to the amount required to keep pace with biomedical research inflation, resources for cardiovascular research have declined 15 percent since FY 2003. These declining resources are insufficient to support and expand current activities and to invest in promising initiatives to aggressively advance the battle against heart disease and stroke. Additional funds would be used in the following areas:

Atherosclerosis Prevention Trial Network — Atherosclerosis is a major risk factor for heart disease and stroke. With increased funding, the National Heart, Lung, and Blood Institute (NHLBI) could initiate a clinical trial to determine whether reducing low-density lipoprotein cholesterol, so-called "bad" cholesterol, to a level lower than currently recommended, reduces major cardiovascular disease events in healthy patients at high risk of heart disease and or stroke.

Systolic Blood Pressure Intervention Trial — High blood pressure is a major risk factor for heart disease, heart failure and stroke. More funding would allow the NHLBI to conduct a multicenter clinical trial to determine whether reducing systolic blood pressure to a lower level than currently recommended could prevent heart attacks and strokes.

Preventing Weight Gain in Young Adults — Young adults are at a high risk for weight gain. With more resources, NHLBI could develop and test innovative practical, cost-effective ways to prevent weight gain in young adults to prevent cardiovascular disease.

Stroke is the No. 3 killer of Americans and a major cause of permanent disability. In addition to the elderly, stroke also strikes newborns, children and young adults. An estimated 700,000 Americans will suffer a stroke this year, and nearly 158,000 will die. Many of America's 5.5 million stroke survivors face debilitating physical and mental impairment, emotional distress and huge medical costs; about 1 in 4 survivors are permanently disabled.

As a result of FY 2001 Congressional report language, the National Institute of Neurological Disorders and Stroke (NINDS) convened a Stroke Progress Review Group. A report from this group provides a long-range stroke strategic plan for stroke research that includes 5 research priorities and 7 resource priorities. Multiple scientific programs initiated since the report have made impressive progress; however, additional funding is needed to implement the plan. The FY 2007 estimate for NINDS stroke research falls 50 percent short of the target for implementation of that year of the plan. Additional funds would be used to conduct stroke research in the following areas:

Stroke Translational Research—Translational studies are vital to providing cutting-edge stroke treatment and prevention. Due to budget shortfalls, the NINDS has been forced to compress its Specialized Programs of Translational Research in Acute Stroke (SPOTRIAS) from the planned 10 extramural centers to the five currently funded. SPOTRIAS researchers facilitate translation of basic research into patient care and evaluate and treat victims rapidly after the onset of stroke symptoms.

Neurological Emergencies Treatment Trials Network. Limited resources will also force the NINDS to scale back its Neurological Emergencies Treatment Trials Network. This initiative is designed to develop a clinical research network of emergency medicine physicians, neurologists and neurosurgeons to develop more and improved treatments for acute neurological emergencies, such as stroke, through clinical trials.

Stroke Education—As a member of the Brain Attack Coalition -- a group of organizations devoted to fighting stroke -- the AHA works with the NINDS to increase public awareness of stroke symptoms and the need to call 9-1-1. Together, we initiated a public education campaign, *Know Stroke: Know the Signs, Act in Time*, and we are striving to develop systems to make tPA available to appropriate patients. In partnership with the CDC, the NINDS extended this campaign to launch a grassroots program called *Know Stroke in the Community* to enlist the aid of "Stroke Champions" who educate communities about stroke signs and symptoms. When these measures are implemented, stroke treatment will shift from supportive care to early brain-saving intervention. Additional funds are needed to educate the public and health providers about stroke.

Recommendation: The AHA recommends an FY 2007 appropriation of \$2.2 billion for NIH heart research. We advocate for an appropriation of \$3.068 billion for the NHLBI. And, we recommend \$357 million for NIH stroke research. We advocate for an appropriation of \$1.612 billion for the NINDS. These appropriations represent a 5 percent increase over FY 2006 – commensurate with the Association's overall recommended funding increase for the NIH.

Increase funding at the Centers for Disease Control (CDC)

Basic research must be translated into easy-to-understand guidance so that people can apply it to their daily lives. Prevention is the best way to protect Americans' health and ease the financial burden of disease. Although the clinical literature indicates that increased and improved cardiovascular disease interventions can be highly successful, investigators have concluded that well-established strategies for combating cardiovascular disease are often not being implemented. Recent studies suggest that not smoking, maintaining a healthy weight, and avoiding diabetes, high blood pressure and high cholesterol, may add 10 years to life.

The AHA commends Congress for supporting CDC's new Division for Heart Disease and Stroke Prevention, which provides funding to 33 states to create programs to educate and prevent first and second instances of heart disease and stroke. These state-tailored programs facilitate collaboration among public and private sector partners to help individuals control high blood pressure, lower elevated cholesterol, learn heart disease and stroke signs and symptoms, call 9-1-1, improve emergency response and quality of care, and eliminate treatment disparities. Many of these programs have been successful in reducing risk factors – like high blood pressure.

In FY 2006, only 14 states received funding to implement these prevention programs. The remaining 19 states received funds for planning; which is now largely complete. Because cardiovascular disease remains the No. 1 killer in every state, each state needs basic implementation money for this program. However, current funding levels will not allow for the expansion of this program.

Recommendation: For FY 2007, the AHA recommends an appropriation of \$8.5 billion plus funding for pandemic influenza preparedness for the CDC, including a 10 percent increase over current funding to return chronic disease prevention to the same level as FY 2002. Within that total, we recommend \$55 million to expand the Heart Disease and Stroke Prevention Program. This funding level would allow the CDC to add up to 4 states to the program, allowing them to conduct a state-tailored plan, and elevate 4 more states from planning to program implementation, maintain the Paul Coverdell National Acute Stroke Registry, and start the development of a state-based cardiac arrest registry.

Restore Funding for the Rural and Community Access to Emergency Devices Program

The Rural and Community Access to Emergency Devices Program provides grants to states to train lay rescuers and first responders to use AEDs and buy and place them where cardiac arrests are likely to occur. During the first year of the program, 6,400 AEDs were purchased and 38,800 individuals were trained. AEDs have been placed in schools, faith-based and recreation facilities, nursing homes, and other locations in communities across our nation.

About 94 percent of cardiac arrest victims die outside of a hospital. Immediate CPR and early defibrillation using an automated external defibrillator (AED) can more than double a victim's chance of survival. Small, easy-to-use AEDs can shock the heart back into normal rhythm. Placing AEDs in more public settings could save thousands of lives each year. Communities with comprehensive AED programs that include training of anticipated rescuers have achieved survival rates of 40 percent or higher.

The Rural and Community Access to Emergency Devices Program is terminated in the President's FY 2007 budget. The budget justification asserts that much of the demand for AEDs has been met, although between FY 2002 and FY 2004 less than half of the grant dollars requested by states for this lifesaving program were actually awarded.

Recommendation: For FY 2007, the AHA recommends that the Subcommittee allocate \$8.927 million for HRSA's Rural and Community Access to Emergency Devices Program to restore funding to its FY 2005 level.

Increase funding for the Agency for Healthcare Research and Quality (AHRQ)

The AHRQ is a critical partner with the public and private health care sectors. This agency helps develop evidence-based information needed by consumers, providers, health plans and policymakers to improve health care decision making. Through its *Effective Health Care Program*, AHRQ supports research focusing on outcomes, comparative clinical effectiveness, and appropriateness of pharmaceuticals, devices and healthcare services for a number of conditions, including ischemic heart disease, stroke, and high blood pressure. The new research and comparative effectiveness reviews conducted and funded under this program will help address issues raised in the Institute of Medicine's (IOM) report: *Crossing the Quality Chasm*.

The AHRQ's initiative on health information technology (HIT) is a key element to the nation's strategy to bring health care into the 21st century. This initiative includes more than \$166 million in grants, and through these and other projects, AHRQ and its partners will help to identify challenges to HIT adoption and use, solutions and best practices, and tools that will help hospitals and clinicians successfully incorporate new HIT. To facilitate this effort, the AHRQ's National Resource Center for HIT provides the health care community with technical assistance and consulting services to HIT projects, and particularly focus on addressing challenges to HIT implementation in rural and small community settings.

Recommendation: The AHA joins with the Friends of AHRQ in advocating for an appropriation of \$440 million for the AHRQ to advance health care quality, cut medical errors and expand the availability of health outcomes information.

Increase Funding For The Carol M White Physical Education Program (PEP)

Physical inactivity is a key risk factor for heart disease and stroke, but Youth Risk Behavior Surveillance data indicates that almost half of 12-21 year olds do not participate in any vigorous physical activity on a regular basis. Despite recent studies by Action for Healthy Kids and the Robert Wood Johnson Foundation showing that almost 80 percent of parents support daily physical education (PE) in schools to help combat physical inactivity and teach life long skills, only 6-8 percent of schools nationally offer daily PE. One of the primary barriers to providing PE is adequate financial resources for equipment, program development, and staff training. The Carol M. White Physical Education Program helps schools overcome this barrier by providing money for school-based physical education activities that teach life-long physical activity habits. PEP is the only federal program that directly supports PE in schools.

Recommendation: For FY 2007, the AHA recommends an appropriation of \$100 million for the Carol M. White Physical Education Program. This level of funding will allow the Department of Education to expand the program to more districts while maintaining funding for the duration of previously awarded grants.

Although heart disease, stroke, and other cardiovascular disease are largely preventable, these diseases continue to exact a deadly toll on our nation. As baby boomers age, our nation faces an expanding cardiovascular disease crisis unless significant steps are taken. We urge the subcommittee to consider these recommendations for the FY 2007 budget. Adequate funding of research, treatment and prevention programs will save lives and reduce rising health care costs.

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Cindy and her husband Raymond Leatherberry, a retired school teacher, are residents of Paris, Ohio. Cindy has two daughters. Her daughter Aria Long lives with her husband Brian in Minerva, Ohio. Her daughter Valerie Oakley lives with her husband Jimmy in Tallahassee, Florida. Cindy is also a proud grandmother to Dillon 14, Hunter 7, and Madison 3.

Cindy has had a long career in healthcare, spending the last 30 years of her career at Aultman Hospital. Her work at Aultman has included serving as a team coordinator, providing patient education, and acting as a nurse practitioner. In addition, Cindy serves as an adjunct instructor at Northeastern Ohio Universities College of Medicine.

Cindy received a diploma from Riverside White Cross School of Nursing in Columbus, Ohio in 1969. She received her BSN from Walsh College in Canton, Ohio in 1989. In addition, Cindy is a member of American College of Obstetrics and Gynecology and of the Ohio Association of Advance Practice Nurses.

In August of 2000, Cindy was diagnosed with heart disease and underwent open heart surgery. Post operatively, she developed an irregular heart rate and required a pacemaker and an implanted cardiac defibrillator. With medication to control her heart disease, she was able to return to work full time in November of 2000.

Then in 2002, she was diagnosed with breast cancer. Cindy was fortunate to be able to schedule her work around treatments and continue to work as a women's health nurse practitioner. Cindy is thankful to have tremendous support from her family, friends, church, and coworkers. In her spare time she enjoys her grandchildren and dinner with friends. She also likes to play with her four cats and work in the garden.

Neither the American Heart Association nor Cynthia Kemerer receive Federal funds or grants.
